

# PART B - FEE(S) TRANSMITTAL

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30084 7590 08/09/2002

**DONN K. HARMS**  
**PATENT & TRADEMARK LAW CENTER**  
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Jane E. Gutz (Depositor's name)  
Jane E. Gutz (Signature)  
October 9, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/545,794	04/09/2000	William Mazzei	2041 CIP	1944

**TITLE OF INVENTION:** PROTECTIVE CUSHION AND COOPERATIVELY ENGAGEABLE HELMET CASING FOR ANESTHETIZED PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	11/12/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LINDSEY, RODNEY M	3765	002-410000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. DONN K. HARMS  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

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**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DUPACO, INC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2620 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA 92056

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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